

## STATE OF CONNECTICUT TEACHERS' RETIREMENT BOARD 21 GRAND STREET HARTFORD, CT 06106-1500

Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.state.ct.us/trb

March 2002

## CHANGES IN FEDERAL INCOME TAX WITHHOLDING RATES

New tax withholding tables, that are a result of the Economic Growth and Tax Relief Reconciliation Act of 2001, may reduce the amount of federal income tax withheld from your retirement benefit, beginning with the payment issued at the end of March.

If you receive a paper check from this office, refer to your March 31, 2002 check stub for the current federal withholding deduction. If you receive your payment via Electronic Funds Deposit (EFT), a statement is enclosed if there is any change to your net benefit amount.

Benefit recipients who have a federal tax withholding election on file with CTRB based on a flat dollar amount will not see a change in their withholding amount.

If you would like to change your withholding election, please complete and return the Federal and CT Withholding Tax Change Form on the reverse side of this letter.

PLEASE SEE REVERSE SIDE OF THIS LETTER



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## FEDERAL AND CT TAX WITHHOLDING CHANGE FORM

Print your name	Social Securit	Social Security Number		CTRB#		
Address	City	State		Z	ip	
( )				/0	1/	
Home Phone				Month Effective		
* * * *	* * * FEDER	AL TAX ELECTION	* *	* * *	* * *	
on my Teac  2. I wish to ha  3. I would like following standard Circle One:  Optional for	ing. I realize that I am hers' Retirement Bene ve \$ to have the computer atus and exemptions:  Married	withheld monthly for I calculate the withholding  Single Exem (TRB wi	Federal In based or ptions: l code zero e:	n the	ne is specified)	
* * * * * * * CONNECTICUT TAX ELECTION * * * * * *						
CTRB can only withhold State taxes for the State of Connecticut. If you have any questions on your Connecticut tax obligation, contact the Department of Revenue at 1-800-382-9463 (in CT) or 1-860-297-5962 (in Hartford, CT) or visit their website @ www.drs.state.ct.us.						
1. I elect to ha	I elect to have \$ withheld monthly for Connecticut Income Tax.  (Whole dollar amount only, percentages not acceptable)					
2. I elect to ha Retirement		come tax withheld from n	ny Teache	ers'		
Member's Signature		Date				

Please return this completed form to the Connecticut Teachers' Retirement Board at the above address no later than the first day of the month for the change to take place the end of that same month. (Checks for the month are issued at the end of that month.)